

APOLLO HOSPITALS, SECUNDERABAD

ROM – 01

Issue: C

Date: 06-01-2017

Page 1 of 8

POLICY ON RESPONSIBILITIES OF MANAGEMENT -I

APPROVED BY:

Chief Executive Officer

MISSION STATEMENT:

Hospital Administrator

"Our mission is to bring healthcare of international standards within the reach of every individual. We are committed to the achievement and maintenance of excellence in education, research and healthcare for the benefit of humanity."

VALUES:

Patient Centric

- Patient, the purpose of our existence.
- All of our actions revolve around the care and comfort of our patients.
- It is a delight serving him. Take pride in it.

Ouality

- Quality is the lifeblood of our organization.
- Continuous Improvement at every level of operation to achieve excellence.
- Our aim is to do the right thing, the right way, first time and every time.

Innovation

- Respond to changing needs of our goals.
- Adapt to change and try new and creative ways of bettering performance constantly.

Team work

- Reaching goals through synergy.
- Distributed leadership; Sharing credits and losses collectively.

Compassion

• Tender Loving Care.



ROM – 01

Issue: C

Date: 06-01-2017

Page 2 of 8

POLICY ON RESPONSIBILITIES OF MANAGEMENT -I

PREPARED BY:

APPROVED BY:

Hospital Administrator

Chief Executive Officer

- Medical Excellence with human touch.
- Respond to needs empathetically.

Respect

- A culture recognizing value of humans.
- Respect for all irrespective of gender, age, creed or ethnic origin.
- Respect for all as a way of life.

Ownership

- You work for Asia's largest healthcare service provider.
- Regardless of the task, it is yours. You are the boss.
- My hospital, My work. Take professional pride in it.

Patient Expectations are those aspects of care most appropriately identified by the patient. We believe that the patient and secondly their families take the leadership role in defining Patient Expectations. These include consideration for a patient's rights, comfort, culture, dignity, privacy, security, and individuality. Collectively, how these patients' interests are allowed to affect patient treatment show our respect and care for the individual.

Patient Needs are the clinical aspects of care best identified by healthcare professionals. Attending physicians take a leadership role in defining needs. All other physicians, nurses, technicians, allied health professionals, and others involved in helping those who deliver care have the expertise to contribute towards identifying and meeting the needs of the patient. We believe that the patient has the right to expect that these needs be coordinated in an atmosphere which supports quality, interdisciplinary respect and professionalism. Available resources are the facilities,



APOLLO HOSPITALS, SECUNDERABAD

ROM – 01

Issue: C

Date: 06-01-2017

Page 3 of 8

POLICY ON RESPONSIBILITIES OF MANAGEMENT -I

APPROVED BY:

Hospital Administrator Chief Executive Officer

equipment, supplies and people brought together to improve quality of health services offered to the patient. We believe use of resources must respect the long-term viability and prioritize goals of the organization. The end use of all resources should support our mission.

The challenge to the physicians and the employees of the hospital is to balance Patient Expectations, Patient Needs and Available Resources to achieve Patient Satisfaction and Quality Care. We believe this can best be accomplished within a culture of mutual trust, mutual respect and appropriate empowerment of patients, physicians, and hospital employees.

MEMBERS OF THE MANAGEMENT

AT GROUP LEVEL

Executive Chairman : Dr. Prathap C Reddy
Managing Director : Ms. Sangita Reddy
Executive Director, Finance : Ms. Suneeta Reddy

4. Chief Executive Officer : Dr. K. HariPrasad

5. Chief Operating Officer : Mr. Subrahmanyam

6. V.P Finance & Accounts : Mr. Dasarath Ram Reddy

General Manager, Accounts & Finance : Mr. Bhasker Reddy
Medical Superintendent : Dr. Ravindra Babu
Director Medical Services : Dr. Mandeep Singh

10. Vice President- Human Resources : Mr. Karunakar

11. Sr. General Manager Materials : Mr. Hari Prasad Reddy12. Nursing Director : Ms. Subhada Sakurikar



ROM – 01

Issue: C

Date: 06-01-2017

Page 4 of 8

POLICY ON RESPONSIBILITIES OF MANAGEMENT -I

PREPARED BY: APPROVED BY:

Hospital Administrator Chief Executive Officer

13. General Manager - Pharmacy : Mr. Rama Murthy
14. Deputy General Manager - Marketing : Mr. Prakash Nair

AT UNIT LEVEL

1. Hospital Administrator : Mr.Ramchandra

Dy.Medical Superintendent : Dr. Nagaraj
Sr.Executive – Operations : Ms. Soma Das
Nursing Superintendent : Ms. Sravanthi

ROM.1.b. STRATEGIC AND OPERATIONAL PLAN

The Strategic and Operational plan are developed by the Unit Head in line with organization mission and presented to the Top Management for review and approval, The plans are developed in collaboration with head of the department medical and non-medical along with marketing department, upon approval by the Management appropriate steps are initiated to implement the same. While identifying the organizational plans care is also given to ensure that customer feedback / stake holder needs and expectations are also considered.

ROM.1.c. BUDGET PROCEDURE:

All the department heads are required to prepare their department budget for the financial year and will discuss the same with Hospital Administrator and submit the same. All the department budgets will be collected and consolidated by Sr.General Manager / Finance and submit the same as the proposed budget to V.P - Finance for approval.



ROM – 01

Issue: C

Date: 06-01-2017

Page 5 of 8

POLICY ON RESPONSIBILITIES OF MANAGEMENT -I

PREPARED BY: APPROVED BY:

Hospital Administrator Chief Executive Officer

ROM.1. d. Monitoring

Key Performance Indicators are given for the respective departments and the data will be collected on the Monthly bases and consolidate the same. Review is also done based on the department performance and a consolidated report will be sent to Chief Executive Officer and Managing Director.

ROM. 1. e. ORGANIZATION CHART:

Refer Annexure – I

ROM.1.f. APPOINTMENT OF SENIOR LEADERS

The Members of the Management will be responsible to appoint the senior leaders in the organization and their line functionaries.

ROM.1.g. QUALITY IMPROVEMENT

Refer Quality Improvement Manual and Quality Improvement plan for 2012-13 Research activities will be commenced by April'12 i.e after one year of completion of the hospital.

ROM.1.h LEGAL REQUIREMENT:

Apollo Hospitals, Secunderabad complies with all the applicable legislations and regulations. An external agency will conduct an legal audit yearly once and ensure compliance.

Refer Annexure (Legal Compliance Team and Company profile)

ROM.1.i. SOCIAL RESPONSIBILITY:

Apollo Hospitals, Secunderabad conducts various camps, educative programmes, and preventive health programmes for the benefit of the community.



ROM – 01

Issue: C

Date: 06-01-2017

Page 6 of 8

POLICY ON RESPONSIBILITIES OF MANAGEMENT -I

PREPARED BY:

APPROVED BY:

Hospital Administrator

Chief Executive Officer

Refer the Documents and reports of Corporate Social Responsibility Programs.

ROM.2.a. DEPARTMENT HEADS:

All the Department heads are required to ensure that the quality policy and the System are effectively implemented in their areas with control, and to support supervisors and hold them accountable for their specific responsibilities. The qualification, experience and the job description for departmental heads are available in job description manual

ROM.2.b c & d. SERVICES PROVIDED BY THE DEPARTMENT:

The scope of services has been given in detail for both medical and non medical department in the respective Unit Binders. This also includes quality improvement activities and other departmental procedures.

Refer Unit Binders.

ROM.3.a: The organization has displayed its mission statement approved by the Chairman and is available throughout the hospital

ROM.3.c. OWNERSHIP:

Apollo Hospitals, Secunderabad is one of the group hospitals of Apollo Hospital Enterprise Limited which is a public limited company, a corporate hospital governed by the designated board of directors.

ROM.3.d. List of Service Refer: Brochure enclosed.



APOLLO HOSPITALS, SECUNDERABAD

ROM – 01

Issue: C

Date: 06-01-2017

Page 7 of 8

POLICY ON RESPONSIBILITIES OF MANAGEMENT -I

APPROVED BY:

Hospital Administrator Chief Executive Officer

ROM. 3.e Affiliations and Accreditations

The hospital has applied for accreditation by NABH and is preparing as per the standards provided by the NABH.

ROM.3.f. HOSPITAL TARIFF:

Apollo Hospitals, Secunderabad has a tariff policy initiated by Finance department. The patients are charged according to this policy and the policy is strictly adhered. The tariff will be revised periodically and as per the management discretion.

ROM.4. Heads of the Organization

The organization at unit level is headed by Hospital Administrator

He takes care of day to day operations and report to the CEO. The identified individuals has appropriate qualification and experience and clear cut job descriptions which are available in their personnel files

ROM.5 a to d. MANAGEMENT'S RESPONSIBILITY:

Apollo Hospitals, Secunderabad, ensures that health and safety are the primary responsibility of management. Management at all levels take responsibility to contribute to the health and safety of all persons in the workplace. The management takes responsibility to develop, implement and review the process to provide quality service to all patients. Safety Committee is an interdisciplinary committee which oversees and reviews the safety aspects of the organization.



Hospital Administrator

APOLLO HOSPITALS, SECUNDERABAD

ROM – 01

Issue: C

Date: 06-01-2017

Page 8 of 8

POLICY ON RESPONSIBILITIES OF MANAGEMENT -I

APPROVED BY:

Chief Executive Officer

MAKING APOLLO A SAFE ZONE FOR PATIENTS:

The maintenance and safety of the hospital facility is an important part of quality improvement and patient safety. The safety committee involves itself in the following basic ways:

- Physical safety (Refer Safety Manual)
- Promotion of infection control (Refer Infection Control Manual)
- Elimination of wrong medication, wrong procedure, wrong site error.
- Incident reporting (Refer Policy for Sentinel Events)
- Identification of vulnerable patients and provide them special health support and care.

Facility safety is ensured through periodical facility audits, safety rounds etc.

There is a system in place for internal and external reporting of system / process failures, engineering department has plans to deal when there is a system / process failure.

 The organization has a risk assessment process and proactive risk reduction activities are identified and implemented. These are annually reviewed and further improved upon. Refer Policy on Risk Management.